

PART B - FEE(S) TRANSMITTAL

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7590 07/17/2006

Stout, Uxa, Buyan & Mullins, LLP
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Kenton B. Mullins	(Depositor's name)
<i>[Signature]</i>	(Signature)
Oct. 16, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,847	07/22/2003	Ioana M. Rizoio	BI9322CON	6537

TITLE OF INVENTION: DEVICE FOR DENTAL CARE AND WHITENING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, RALPH A	3732	433-029000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if listed, no name will be printed.

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10/25/2006 CHESA2 00000070 18624847

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

01 FC:2581 788.00 OP
02 FC:1584 300.00 OP

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BioLase Technology, Inc. Irvine, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-1600** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *[Signature]*

Date **Oct. 16, 2006**

Typed or printed name **Kenton B. Mullins**

Registration No. **36,331**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket: BI9322CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: /
Rizoiu et al. /
U.S. Serial No: 10/624,847 / Group Art Unit: 3732
Filed: July 22, 2003 / Examiner: Lewis, Ralph A.
For: DEVICE FOR DENTAL CARE /
AND WHITENING /

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Alexandria, VA 22313-1450

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STOUT, UXA, BUYAN & MULLINS, LLP


Kenton R. Mullins, Reg. No. 36,331

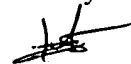
TRANSMITTAL

Dear Sir:

Submitted herewith are:

- (1) Return Receipt Postcard;
- (2) Issue Fee Transmittal;
- (3) Check No. 21860 in the amount of \$1000; and
- (4) Deposit Account Authorization: The Commissioner is hereby authorized to charge any needed fees to deposit account 50-1600.

Respectfully submitted,


Kenton R. Mullins
Attorney for Applicants
Registration No. 36,331

October 16, 2006

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